

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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|---|---|---|---|
| 1. Agency Name City of San José | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) Parks, Recreation & Neighborhood Services | | | |
| Designated Agency Contact (Name, Title) Veronica Schulte, Staff Specialist | | | |
| Area Code/Phone Number 408-793-5597 | E-mail veronica.schulte@sanjoseca.gov | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 07/18/16 (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 253

Event Description: Sting & Peter Gabriel Concert Date(s) 7 / 14 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

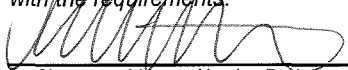
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| Parks, Recreation & Neighborhood Services | 16 | Employee recognition for City Department representatives who participated in the 2015 Combined Giving Campaign. |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Veronica Schulte Staff Specialist 7-18-16
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____